## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

Mailing Address-

11998 S. CLEVELAND AVENUE

## 484148 **DOCUMENT #**

1. Entity Name

Principal Place of Business

11998 S. CLEVELAND AVENUE

BENDELE'S CARPET GALLERY, INC.



## **FILED** Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90167 032 \*\*\*150.00

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Suite, April #, etc.	FT MYERS FL	33907		FT MYER	FT MYERS FL 33907								
City & State  Country  Country	2. Principal Pl	lace of Busine	ss	3. Mailing	3. Mailing Address				I (OBSILI DIQUI (BILI) ASUS ASUD) IIDIS USU	0) 10/1 <b>0</b> /01/ 0/0	III ALBII AIAII B	1011 B1841 1891	
Zip Country   Zip   Country   Zip   Country   S. Cerificate of Status Desired   S8.75 And Applicate   S8.75 An	Suite, Apt.	#, etc.		Suite, A	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
S. Cerror Bernold Markers of Name and Address of New Registered Agent   Fee Required	City & State	e		City & S	City & State			4. FE	4. FEI Number 59-1614499			oplied For ot Applicable	
BENDELE, RICHARD L 11998 SOUTH TAMIAMI TRAIL FT. MYERS FL 33907  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in	Zip		Country	Zip		Country	-				Fee Require		
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
11998 SOUTH TAMIAMI TRAIL FT. MYERS FL 33907    City   FL   Zip Code	RENDELE RICHARD I						1						
ET. MYERS FL 33907  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Status of Florida, I am planning with, and access the obligations of registered agent. Or both in the Status of Florida, I am planning with, and access the obligations of registered agent. Or both in the Status of Florida, I am planning with, and access the obligations of registered agent. Or both in the Status of Florida, I am planning with, and access the obligations of registered agent. Or both in the Status of Florida, I am planning with, and access the obligations of registered agent. Or both in the Status of Florida, I am planning with, and access the obligations of registered agent. Or both in the Status of Florida, I am planning with, and access the obligations of registered agent. Or both in the Status of Florida, I am planning with, and access the obligations of registered agent. Or both in the Status of Florida, I am planning with, and access the obligations of registered agent. Or both in the Status of Florida, I am planning with, and access the obligations of registered agent. Or both in the Status of Florida, I am planning with, and access the obligations of registered agent. Or both in the Status of Florida, I am planning with, and access the obligations of registered agent. Or both in the Status of Florida, I am planning with, and access the obligations of registered agent. Or both in the Status of Florida, I am planning with, and access the obligations of registered agent. Or both in the Status of Florida, I am planning with, and access the obligations of registered agent. Or both in the Status of Florida, I am planning with, and access the obligations of registered agent. Or both in the Status of Florida, I am planning with, and access the obligations of registered agent. Or both in the Status of Florida.  Status Florida.  Stat	-				Street Address			(P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiords. I gam familiar with, and accept the obligations of registered agent. The proposed Agent ulgrature mounted when retreating)  FILE NOW!!! FEE'S \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Fiorida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FT WYERS FL 33807  TITLE  BENDELE, RICHARD L  STREET ADDRESS  TITLE  BENDELE, LYNDA D  TITLE  BENDELE, TO Change  Change  BENDELE, ADDRESS  TITLE  BENDELE, ADDRESS			III II VAIL			·							
SIGNATURE    Signature   Signa						'		*					
After May 1, 2003 Fee will be \$550.00   Make Check Payable to Florida Department of State  10.	2/19/63												
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

NTED NAME OF SIGNING OFFICER OR DIRECTOR